

CITY HALL 759-2353
OPEN MONDAY – FRIDAY
8:00 – 4:30

ACCT # _____
DEPOSIT \$100.00

APPLICATION FOR BUSINESS SEWER SERVICE

NAME OF BUSINESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SERVICE ADDRESS _____

TELEPHONE: _____ CELL: _____

IDENTIFICATION PRESENTED: _____

REQUEST IS HEREBY MADE THE SERVICE IS EFFECTIVE _____

SEWER BILL WILL BE CALCULATED ON ACTUAL WATER USAGE.

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- (1) SEWER RATES ARE CALCULATED ON FORTY CENTS (.40) PER HUNDRED GALLONS OF WATER USAGE PLUS \$11.15 MINIMUM PER MONTH.
- (2) APPLICANT CONTRACTUALLY AGREES TO PAY ALL SEWER CHARGES UNTIL SAID APPLICANT HAS TERMINATED SERVICE
- (3) IF APPLICANT FAILS TO PAY THESE CHARGES, COLLECTION FEES ARE THE RESPONSIBILITY OF THE CONSUMER.

I, THE UNDERSIGNED HAVE READ AND DO UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT AND AGREE TO SAID TERMS.

APPLICANT DATE